

**State Water Resources Control Board
California Recycled Water Survey
To be submitted via FFAST**

Instructions

Thank you for completing this Water Recycling survey. If there are any questions please call David Balgobin at (916) 341-6914 or Daman Badyal at (916) 322-1409 or you may email questions to WRFP@waterboards.ca.gov.

For your convenience the link to FFAST is: <https://faast.waterboards.ca.gov/>

The enclosed instructions will walk you through registration and data entry.

The objective of this survey is to collect water recycling data for calendar year **2009 (January 1 through December 31, inclusive)**. Please address all questions relating to your agency. If a question is not applicable, please respond with "NA".

Section 1: To be completed by all water and wastewater agencies.

Section 2: To be completed by all water recycling agencies that treat municipal wastewater.

Section 3: To be completed by all water recycling agencies that sell or distribute recycled water to end users for beneficial use. This also includes agencies that directly use recycled water produced within their jurisdictions.

Please attach additional information as necessary.

Section 1: Water Recycling Agency General Information

1. Agency Name: _____
Street Address: _____
City, County, Zip: _____
Name of Respondent: _____ Respondent's Email: _____
Agency primary contact name _____ Title _____
Email address _____ Phone Number: _____
2. Agency secondary contact name _____ Title _____
Email address _____ Phone Number: _____
3. Agency Ownership Type (check only one): ☐ Public ☐ Private ☐ Special District
4. Agency Service Area (estimated, if readily available): _____ sq. miles
5. Year water recycling was first implemented: _____
6. Percentage of total water demand met by recycled water within your service area (if readily available): _____ %
7. Do you provide financial incentives for recycled water users? ☐ Yes ☐ No
8. Do you extend mains or provide other infrastructure to potential customers to encourage recycled water use? ☐ Yes ☐ No

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9. Is your agency involved with any storm water capture/reuse? ☐ Yes ☐ No

If so please describe your storm water capture/reuse program:

Name of Program Contact: _____ Contact Email: _____

SALT/NUTRIENT MANAGEMENT PLAN

The following questions pertain to the development of Salt/Nutrient Management Plans, which are a requirement of the Recycled Water Policy.

10. Is there a Salt/Nutrient Management Plan (approved by a Regional Water Board) in effect for the groundwater basin(s) or region(s) where the recycled water is produced and discharged? ☐ Yes ☐ No

Groundwater Basin(s) Name/Number and/or Region(s): _____

11. Is your agency participating in the development or implementation of a Salt/Nutrient Management Plan for the groundwater basin or region? ☐ Yes ☐ No

12. Is your agency aware of the requirement to develop a Salt/Nutrient Management Plan for the groundwater basin? ☐ Yes ☐ No

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Section 2: Waste Water Treatment Facility Information

1. Please provide the waste water treatment facility (WWTF) name, City, County and Zip code (for up to 3 WWTF's that your agency operates). Please attach additional waste water treatment facility information if necessary.

Waste Water Treatment Facility Information			
WWTF 1 Name:			
City, County, Zip:			
WWTF 2 Name:			
City, County, Zip:			
WWTF 3 Name:			
City, County, Zip:			

2. Please provide the data below for calendar year **2009 (January 1 through December 31 inclusive)** for each facility listed above.

Water Recycling Data	WWTF Facility 1	WWTF Facility 2	WWTF Facility 3
Total annual wastewater treated, millions of gallons (MG)			
Average daily dry weather flow MG (MGD)			
Months recycled water is produced for beneficial use (e.g. March – October)			
Total annual amount of recycled water produced in the months above, distributed for beneficial use? (i.e. not disposed) – MG			
Average annual daily use of recycled water - MGD			

3. If you deliver or sell recycled water to a separate wholesale or retail agency please list the full name and address below:

Wholesale / Retail Recycled Water Agency Information			
Wholesale/retail agency 1 name:			
City, County, Zip:			
Wholesale/retail agency 2 name:			
City, County, Zip:			
Wholesale/retail agency 3 name:			
City, County, Zip:			

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Section 3: Recycled Water Distribution (Water Recycling Retail Agencies only)

Please provide the data below for calendar year **2009 (January 1 through December 31 inclusive)**

1. If you are a retail agency that **RECEIVES** recycled water from a WWTF, please provide the name and address of the WWTF below (please attach additional information if you receive recycled water from more than one WWTF).

WWTF 1 Name	
City, County, Zip	
Amount of recycled water received in 2009	MG, or AF
WWTF 2 Name	
City, County, Zip	
Amount of recycled water received in 2009	MG, or AF
WWTF 3 Name	
City, County, Zip	
Amount of recycled water received in 2009	MG, or AF

2. What is the total 'in system' storage (usually above ground storage tanks)? _____ MG

3. Were other sources of supplemental water added to or blended with the recycled water delivered during the 2009 calendar year? ☐ Yes ☐ No

If you checked "yes", how much supplemental water was used in calendar year 2009?

_____ Millions of gallons (MG) or _____ Acre-feet (AF)

- 3a. If readily available, provide the quantities of supplemental water:

Supplemental Water	MG	or	AF
Raw surface water -			
Raw ground water -			
Industrial -			
Treated potable water -			
Other -			

6. What was the TOTAL (supplemental water plus recycled water) amount of recycled water your agency distributed in 2009?

Total annual amount in millions of gallons (MG): _____ MG or
Acre Feet: _____ (AF)

5. What was the average annual daily flow in millions of gallons per day (MGD): _____ MGD or
Acre feet per day: _____ (AF/d)

6. Month(s) recycled water is distributed for beneficial reuse (e.g. March – October): _____

7. Average rate charged to recycled water customer in \$ / acre foot: \$ _____
(please note if you use other rate units, such as \$ per 100 cubic feet or \$ per thousand gallons)

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8. Recycled Water Distribution System Total Pipe Length (estimated miles if readily available): _____ miles

9. Recycled Water Use: Please provide information about each of the Beneficial Use:

Beneficial Use	Annual Amount Recycled Water Delivered		Number of sites
	MG	or AF	
<i>Golf Course irrigation</i>			
<i>Landscape irrigation</i>			
<i>Agricultural Irrigation</i>			
<i>Commercial</i>			
<i>Industrial (incl. Power plant cooling)</i>			
<i>Geothermal/Energy Production</i>			
<i>Seawater Barrier (intrusion protection)</i>			
<i>Ground Water Recharge</i>			
<i>Recreational Impoundment</i>			
<i>Natural System Restoration – Wetland; Wildlife Habitat.</i>			
<i>Surface Water Augmentation</i>			
<i>Indirect Potable Reuse</i>			
<i>Other</i>			